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ENGROSSED SECOND SUBSTITUTE HOUSE BILL 2284

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State of Washington

60th Legislature

2007 Regular Session

By House Committee on Appropriations (originally sponsored by Representatives Green, Ericksen, Sells, Strow, Seaquist, Hinkle, Wallace, Priest, Hasegawa, Fromhold, P. Sullivan, Conway, Miloscia, Linville, Kenney, O'Brien, Simpson and Hunt)

READ FIRST TIME 03/05/07.

1 AN ACT Relating to the training of and collective bargaining over  
2 the training of care providers; amending RCW 74.39A.009, 74.39A.270,  
3 74.39A.310, and 18.88A.085; amending 2005 c 276 s 1 (uncodified);  
4 adding new sections to chapter 74.39A RCW; creating new sections;  
5 repealing RCW 74.39A.190; providing an effective date; and declaring an  
6 emergency.

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

8 **Sec. 1.** 2005 c 276 s 1 (uncodified) is amended to read as follows:

9 (1) The governor shall establish a joint legislative and executive  
10 task force on long-term care financing and chronic care management.  
11 The joint task force consists of eight members, as follows: The  
12 secretary of the department of social and health services; the  
13 secretary of the department of health; the administrator of the health  
14 care authority; a representative from the governor's office; two  
15 members of the senate appointed by the president of the senate, one of  
16 whom shall be a member of the majority caucus and one of whom shall be  
17 a member of the minority caucus; and two members of the house of  
18 representatives appointed by the speaker of the house of

1 representatives, one of whom shall be a member of the majority caucus  
2 and one of whom shall be a member of the minority caucus.

3 (2) The joint task force shall elect a member of the joint task  
4 force to serve as chair of the joint task force.

5 (3) Consistent with funds appropriated specifically for this  
6 purpose, the joint task force shall contract for professional services.  
7 State agencies, the senate, and the house of representatives may  
8 provide staff support upon request of the joint task force.

9 (4) The joint task force shall create advisory committees to assist  
10 the joint task force in its work. The task force shall actively  
11 consult with and solicit recommendations from the advisory committee or  
12 committees regarding issues under consideration by the task force.

13 (5) Joint task force members may be reimbursed for travel expenses  
14 as authorized under RCW 43.03.050 and 43.03.060, and chapter 44.04 RCW  
15 as appropriate. Advisory committee members, if appointed, may not  
16 receive compensation or reimbursement for travel or expenses.

17 (6) The joint task force shall review public and private mechanisms  
18 for financing long-term care and make recommendations related to:

19 (a) The composition of a long-term care system that is adequate to  
20 meet the needs of persons of all ages with functional limitations,  
21 including appropriate services to be offered in the continuum of care  
22 ranging from services to support persons residing at home through  
23 residential care. This shall be accomplished by first determining  
24 capacity in each level of care in the long-term care continuum and  
25 assessing the impact, by geographic region, of increasing or decreasing  
26 capacity in each level of care;

27 (b) Efficient payment models that will effectively sustain public  
28 funding of long-term care and maximize the use of financial resources  
29 to directly meet the needs of persons of all ages with functional  
30 limitations;

31 (c) State laws and regulations that should be revised and/or  
32 eliminated in order to reduce or contain long-term care costs to  
33 individuals and the state;

34 (d) The feasibility of private options for realistically enabling  
35 individuals to pay for long-term care and the most effective tools for  
36 implementing these options. The assessment of options should include  
37 but not be limited to: (i) Adequacy of personal savings and pensions;  
38 (ii) availability of family care, including incentives and supports for

1 families to provide care or pay for care; (iii) creative  
2 community-based strategies or partnerships for funding quality  
3 long-term care; (iv) enhanced health insurance options; (v) long-term  
4 care insurance options, including incentives to purchase long-term care  
5 insurance through individual or group-based products; (vi) life  
6 insurance annuities; and (vii) reverse mortgage and other products that  
7 draw on home equity; and

8 (e) Options that will support long-term care needs of rural  
9 communities.

10 (7) The joint task force shall recommend chronic care management  
11 and disability prevention interventions that will reduce health care  
12 and long-term care costs to individuals and the state, improve the  
13 health of individuals over their life span, and encourage patient  
14 self-management of chronic care needs.

15 (8)(a) The joint task force shall establish a home and community  
16 long-term care workforce development workgroup.

17 (b) The workgroup shall consist of:

18 (i) The chair of the joint task force;

19 (ii) The executive director of the home care quality authority;

20 (iii) The assistant secretary of the department of social and  
21 health services for aging and disability services;

22 (iv) A representative of the department of labor and industries  
23 with personal knowledge of and expertise in apprenticeship programs, to  
24 be designated by the director of the department;

25 (v) A representative of the office of financial management with  
26 personal knowledge of and expertise in the fields of long-term care or  
27 workforce development, to be designated by the director of the office;

28 (vi) A representative of a labor or employee organization  
29 representing at least twenty thousand home and community-based  
30 long-term care workers, to be designated by the principal officer of  
31 the labor or employee organization, the governor, and the cochair of  
32 the workgroup;

33 (vii) A representative of a not-for-profit provider of home and  
34 community-based long-term care services providing at least one million  
35 hours of long-term care services annually, to be designated by the  
36 governor and the cochair of the workgroup;

37 (viii) A representative of a for-profit provider of home and

1 community-based long-term care services providing at least five hundred  
2 thousand hours of long-term care services annually, to be designated by  
3 the governor and the cochaairs of the workgroup;

4 (ix) A representative of adult family home providers, to be  
5 designated by the governor and the cochaairs of the workgroup;

6 (x) A representative of boarding homes, to be designated by the  
7 governor and the cochaairs of the workgroup;

8 (xi) A representative of an organization representing the interests  
9 of home and community-based long-term care consumers, to be designated  
10 by the governor and the cochaairs of the workgroup;

11 (xii) A person with expertise in long-term care or workforce  
12 development issues to be named jointly by the speaker of the house of  
13 representatives and the majority leader of the senate;

14 (xiii) A person representing a public policy organization  
15 specializing in long-term care workforce issues, to be designated by  
16 the governor and the cochaairs of the workgroup;

17 (xiv) A representative from the Washington long-term care ombudsman  
18 office; and

19 (xv) A representative from the Washington developmental  
20 disabilities council.

21 (c) The workgroup shall be cochaired by the chair of the joint task  
22 force and the executive director of the home care quality authority.

23 (d) The workgroup shall evaluate current training requirements for  
24 long-term care workers with respect to the quality of care provided to  
25 vulnerable people across all home and community-based long-term care  
26 settings. The workgroup shall make recommendations relating to the  
27 appropriate number of basic training hours, the content of basic  
28 training curricula, and the development of criteria associated with  
29 certification of new long-term care workers. In doing so, the  
30 workgroup shall examine cited deficiencies of care in various long-term  
31 care settings, and shall evaluate training needs based on medical  
32 versus social models. Any basic training standards recommended by the  
33 workgroup shall: (i) Be applied uniformly to all long-term care  
34 workers; (ii) take into consideration the training standards for  
35 workers providing similar care in nursing homes; (iii) be evidence-  
36 based and informed by existing research; (iv) be based on the care  
37 needs of clients; (v) be developed with input from worker

1 representatives; (vi) be structured in a manner to articulate with  
2 certification and apprenticeship programs; and (vii) be informed by  
3 broader workforce development and long-term care delivery needs.

4 (9) The joint task force shall incorporate a process designed to  
5 facilitate an open dialog with the public on findings and  
6 recommendations.

7 ~~((+9))~~ (10) With respect to subsections (6) and (7) of this  
8 section, the joint task force shall: (a) Report its initial findings  
9 to the governor and appropriate committees of the legislature by  
10 January 1, 2006; (b) report its recommendations to the governor and  
11 appropriate committees of the legislature by January 1, 2007; and (c)  
12 submit a final report to the governor and appropriate committees of the  
13 legislature by ~~((June))~~ December 30, 2007.

14 (11) With respect to subsection (8) of this section, the workgroup  
15 shall report its findings and recommendations to the joint task force,  
16 the governor, and appropriate legislative committees by December 1,  
17 2007. The joint task force shall include the workgroup's findings and  
18 recommendations in the joint task force's final report required under  
19 subsection (10) of this section.

20 **Sec. 2.** RCW 74.39A.009 and 2004 c 142 s 14 are each amended to  
21 read as follows:

22 Unless the context clearly requires otherwise, the definitions in  
23 this section apply throughout this chapter.

24 (1) "Adult family home" means a home licensed under chapter 70.128  
25 RCW.

26 (2) "Adult residential care" means services provided by a boarding  
27 home that is licensed under chapter 18.20 RCW and that has a contract  
28 with the department under RCW 74.39A.020 to provide personal care  
29 services.

30 (3) "Assisted living services" means services provided by a  
31 boarding home that has a contract with the department under RCW  
32 74.39A.010 to provide personal care services, intermittent nursing  
33 services, and medication administration services, and the resident is  
34 housed in a private apartment-like unit.

35 (4) "Boarding home" means a facility licensed under chapter 18.20  
36 RCW.

1 (5) "Cost-effective care" means care provided in a setting of an  
2 individual's choice that is necessary to promote the most appropriate  
3 level of physical, mental, and psychosocial well-being consistent with  
4 client choice, in an environment that is appropriate to the care and  
5 safety needs of the individual, and such care cannot be provided at a  
6 lower cost in any other setting. But this in no way precludes an  
7 individual from choosing a different residential setting to achieve his  
8 or her desired quality of life.

9 (6) "Department" means the department of social and health  
10 services.

11 (7) "Enhanced adult residential care" means services provided by a  
12 boarding home that is licensed under chapter 18.20 RCW and that has a  
13 contract with the department under RCW 74.39A.010 to provide personal  
14 care services, intermittent nursing services, and medication  
15 administration services.

16 (8) "Functionally disabled person" or "person who is functionally  
17 disabled" is synonymous with chronic functionally disabled and means a  
18 person who because of a recognized chronic physical or mental condition  
19 or disease, including chemical dependency, is impaired to the extent of  
20 being dependent upon others for direct care, support, supervision, or  
21 monitoring to perform activities of daily living. "Activities of daily  
22 living", in this context, means self-care abilities related to personal  
23 care such as bathing, eating, using the toilet, dressing, and transfer.  
24 Instrumental activities of daily living may also be used to assess a  
25 person's functional abilities as they are related to the mental  
26 capacity to perform activities in the home and the community such as  
27 cooking, shopping, house cleaning, doing laundry, working, and managing  
28 personal finances.

29 (9) "Home and community services" means adult family homes, in-home  
30 services, and other services administered or provided by contract by  
31 the department directly or through contract with area agencies on aging  
32 or similar services provided by facilities and agencies licensed by the  
33 department.

34 (10) "Long-term care" is synonymous with chronic care and means  
35 care and supports delivered indefinitely, intermittently, or over a  
36 sustained time to persons of any age disabled by chronic mental or  
37 physical illness, disease, chemical dependency, or a medical condition  
38 that is permanent, not reversible or curable, or is long-lasting and

1 severely limits their mental or physical capacity for self-care. The  
2 use of this definition is not intended to expand the scope of services,  
3 care, or assistance by any individuals, groups, residential care  
4 settings, or professions unless otherwise expressed by law.

5 (11)(a) "Long-term care workers" includes all persons who are long-  
6 term care workers for the elderly or persons with disabilities,  
7 including but not limited to individual providers of home care  
8 services, direct care employees of home care agencies, providers of  
9 home care services to persons with developmental disabilities under  
10 Title 71 RCW, all direct care workers in state-licensed boarding homes,  
11 assisted living facilities, and adult family homes, respite care  
12 providers, community residential service providers, and any other  
13 direct care worker providing home or community-based services to the  
14 elderly or persons with functional disabilities or developmental  
15 disabilities.

16 (b) "Long-term care workers" do not include persons employed in  
17 nursing homes subject to chapter 18.51 RCW, hospitals or other acute  
18 care settings, hospice agencies subject to chapter 70.127 RCW, adult  
19 day care centers, and adult day health care centers.

20 (12) "Nursing home" means a facility licensed under chapter 18.51  
21 RCW.

22 ~~((+12+))~~ (13) "Secretary" means the secretary of social and health  
23 services.

24 ~~((+13+))~~ (14) "Training partnership" means a joint partnership or  
25 trust established and maintained jointly by the office of the governor  
26 and the exclusive bargaining representative of individual providers  
27 under RCW 74.39A.270 to provide training, peer mentoring, and  
28 examinations required under this chapter, and educational, career  
29 development, or other services to individual providers.

30 (15) "Tribally licensed boarding home" means a boarding home  
31 licensed by a federally recognized Indian tribe which home provides  
32 services similar to boarding homes licensed under chapter 18.20 RCW.

33 NEW SECTION. Sec. 3. A new section is added to chapter 74.39A RCW  
34 to read as follows:

35 PEER MENTORING. Long-term care workers shall be offered on-the-job  
36 training or peer mentorship for at least one hour per week in the first  
37 ninety days of work from a long-term care worker who has completed at

1 least twelve hours of mentor training and is mentoring no more than ten  
2 other workers at any given time. This requirement applies to long-term  
3 care workers who begin work on or after January 1, 2010.

4 NEW SECTION. **Sec. 4.** A new section is added to chapter 74.39A RCW  
5 to read as follows:

6 CONTINUING EDUCATION. Long-term care workers shall complete twelve  
7 hours of continuing education training in advanced training topics each  
8 year. This requirement applies beginning on January 1, 2010.

9 NEW SECTION. **Sec. 5.** A new section is added to chapter 74.39A RCW  
10 to read as follows:

11 ADVANCED TRAINING. The department shall offer, directly or through  
12 contract, training opportunities sufficient for a long-term care worker  
13 to accumulate sixty-five hours of training within a reasonable time  
14 period. For individual providers represented by an exclusive  
15 bargaining representative under RCW 74.39A.270, the training  
16 opportunities shall be offered through a contract with the training  
17 partnership established under section 6 of this act. Training topics  
18 shall include, but are not limited to: Client rights; personal care;  
19 mental illness; dementia; developmental disabilities; depression;  
20 medication assistance; advanced communication skills; positive client  
21 behavior support; developing or improving client-centered activities;  
22 dealing with wandering or aggressive client behaviors; medical  
23 conditions; nurse delegation core training; peer mentor training; and  
24 advocacy for quality care training. The department may not require  
25 long-term care workers to obtain the training described in this  
26 section. This requirement to offer advanced training applies beginning  
27 January 1, 2010.

28 NEW SECTION. **Sec. 6.** A new section is added to chapter 74.39A RCW  
29 to read as follows:

30 TRAINING PARTNERSHIP. Beginning January 1, 2010, for individual  
31 providers represented by an exclusive bargaining representative under  
32 RCW 74.39A.270, all training and peer mentoring required under this  
33 chapter shall be provided by a training partnership. Contributions to  
34 the partnership pursuant to a collective bargaining agreement  
35 negotiated under this chapter shall be made beginning July 1, 2009.

1 The training partnership shall provide reports as required by the  
2 department verifying that all individual providers have complied with  
3 all training requirements. The exclusive bargaining representative  
4 shall designate the training partnership.

5 **Sec. 7.** RCW 74.39A.270 and 2006 c 106 s 1 are each amended to read  
6 as follows:

7 COLLECTIVE BARGAINING--CIRCUMSTANCES IN WHICH INDIVIDUAL PROVIDERS  
8 ARE CONSIDERED PUBLIC EMPLOYEES--EXCEPTIONS. (1) Solely for the  
9 purposes of collective bargaining and as expressly limited under  
10 subsections (2) and (3) of this section, the governor is the public  
11 employer, as defined in chapter 41.56 RCW, of individual providers,  
12 who, solely for the purposes of collective bargaining, are public  
13 employees as defined in chapter 41.56 RCW. To accommodate the role of  
14 the state as payor for the community-based services provided under this  
15 chapter and to ensure coordination with state employee collective  
16 bargaining under chapter 41.80 RCW and the coordination necessary to  
17 implement RCW 74.39A.300, the public employer shall be represented for  
18 bargaining purposes by the governor or the governor's designee  
19 appointed under chapter 41.80 RCW. The governor or governor's designee  
20 shall periodically consult with the authority during the collective  
21 bargaining process to allow the authority to communicate issues  
22 relating to the long-term in-home care services received by consumers.  
23 The governor or the governor's designee shall consult the authority on  
24 all issues for which the exclusive bargaining representative requests  
25 to engage in collective bargaining under subsections (6) and (7) of  
26 this section. The authority shall work with the developmental  
27 disabilities council, the governor's committee on disability issues and  
28 employment, the state council on aging, and other consumer advocacy  
29 organizations to obtain informed input from consumers on their  
30 interests, including impacts on consumer choice, for all issues  
31 proposed for collective bargaining under subsections (6) and (7) of  
32 this section.

33 (2) Chapter 41.56 RCW governs the collective bargaining  
34 relationship between the governor and individual providers, except as  
35 otherwise expressly provided in this chapter and except as follows:

36 (a) The only unit appropriate for the purpose of collective

1 bargaining under RCW 41.56.060 is a statewide unit of all individual  
2 providers;

3 (b) The showing of interest required to request an election under  
4 RCW 41.56.060 is ten percent of the unit, and any intervener seeking to  
5 appear on the ballot must make the same showing of interest;

6 (c) The mediation and interest arbitration provisions of RCW  
7 41.56.430 through 41.56.470 and 41.56.480 apply, except that:

8 (i) With respect to commencement of negotiations between the  
9 governor and the bargaining representative of individual providers,  
10 negotiations shall be commenced by May 1st of any year prior to the  
11 year in which an existing collective bargaining agreement expires;

12 (ii) With respect to factors to be taken into consideration by an  
13 interest arbitration panel, the panel shall consider the financial  
14 ability of the state to pay for the compensation and fringe benefit  
15 provisions of a collective bargaining agreement; and

16 (iii) The decision of the arbitration panel is not binding on the  
17 legislature and, if the legislature does not approve the request for  
18 funds necessary to implement the compensation and fringe benefit  
19 provisions of the arbitrated collective bargaining agreement, is not  
20 binding on the authority or the state;

21 (d) Individual providers do not have the right to strike; and

22 (e) Individual providers who are related to, or family members of,  
23 consumers or prospective consumers are not, for that reason, exempt  
24 from this chapter or chapter 41.56 RCW.

25 (3) Individual providers who are public employees solely for the  
26 purposes of collective bargaining under subsection (1) of this section  
27 are not, for that reason, employees of the state, its political  
28 subdivisions, or an area agency on aging for any purpose. Chapter  
29 41.56 RCW applies only to the governance of the collective bargaining  
30 relationship between the employer and individual providers as provided  
31 in subsections (1) and (2) of this section.

32 (4) Consumers and prospective consumers retain the right to select,  
33 hire, supervise the work of, and terminate any individual provider  
34 providing services to them. Consumers may elect to receive long-term  
35 in-home care services from individual providers who are not referred to  
36 them by the authority.

37 (5) In implementing and administering this chapter, neither the  
38 authority nor any of its contractors may reduce or increase the hours

1 of service for any consumer below or above the amount determined to be  
2 necessary under any assessment prepared by the department or an area  
3 agency on aging.

4 (6) Except as expressly limited in this section and RCW 74.39A.300,  
5 the wages, hours, and working conditions of individual providers are  
6 determined solely through collective bargaining as provided in this  
7 chapter. No agency or department of the state may establish policies  
8 or rules governing the wages or hours of individual providers.  
9 However, this subsection does not modify:

10 (a) The department's authority to establish a plan of care for each  
11 consumer or its core responsibility to manage long-term in-home care  
12 services under this chapter, including determination of the level of  
13 care that each consumer is eligible to receive. However, at the  
14 request of the exclusive bargaining representative, the governor or the  
15 governor's designee appointed under chapter 41.80 RCW shall engage in  
16 collective bargaining, as defined in RCW 41.56.030(4), with the  
17 exclusive bargaining representative over how the department's core  
18 responsibility affects hours of work for individual providers. This  
19 subsection shall not be interpreted to require collective bargaining  
20 over an individual consumer's plan of care;

21 (b) The department's authority to terminate its contracts with  
22 individual providers who are not adequately meeting the needs of a  
23 particular consumer, or to deny a contract under RCW 74.39A.095(8);

24 (c) The consumer's right to assign hours to one or more individual  
25 providers selected by the consumer within the maximum hours determined  
26 by his or her plan of care;

27 (d) The consumer's right to select, hire, terminate, supervise the  
28 work of, and determine the conditions of employment for each individual  
29 provider providing services to the consumer under this chapter;

30 (e) The department's obligation to comply with the federal medicaid  
31 statute and regulations and the terms of any community-based waiver  
32 granted by the federal department of health and human services and to  
33 ensure federal financial participation in the provision of the  
34 services; and

35 (f) The legislature's right to make programmatic modifications to  
36 the delivery of state services under this title, including standards of  
37 eligibility of consumers and individual providers participating in the  
38 programs under this title, and the nature of services provided. The

1 governor shall not enter into, extend, or renew any agreement under  
2 this chapter that does not expressly reserve the legislative rights  
3 described in this subsection (6)(f).

4 (7) At the request of the exclusive bargaining representative, the  
5 governor or the governor's designee appointed under chapter 41.80 RCW  
6 shall engage in collective bargaining, as defined in RCW 41.56.030(4),  
7 with the exclusive bargaining representative over employer  
8 contributions to the training partnership for the costs of: (a)  
9 Meeting all training and peer mentoring required under this chapter;  
10 and (b) other training intended to promote the career development of  
11 individual providers.

12 (8)(a) The state, the department, the authority, the area agencies  
13 on aging, or their contractors under this chapter may not be held  
14 vicariously or jointly liable for the action or inaction of any  
15 individual provider or prospective individual provider, whether or not  
16 that individual provider or prospective individual provider was  
17 included on the authority's referral registry or referred to a consumer  
18 or prospective consumer. The existence of a collective bargaining  
19 agreement, the placement of an individual provider on the referral  
20 registry, or the development or approval of a plan of care for a  
21 consumer who chooses to use the services of an individual provider and  
22 the provision of case management services to that consumer, by the  
23 department or an area agency on aging, does not constitute a special  
24 relationship with the consumer.

25 (b) The members of the board are immune from any liability  
26 resulting from implementation of this chapter.

27 ~~((+8))~~ (9) Nothing in this section affects the state's  
28 responsibility with respect to unemployment insurance for individual  
29 providers. However, individual providers are not to be considered, as  
30 a result of the state assuming this responsibility, employees of the  
31 state.

32 **Sec. 8.** RCW 74.39A.310 and 2006 c 9 s 1 are each amended to read  
33 as follows:

34 CONTRACT FOR INDIVIDUAL HOME CARE SERVICE PROVIDERS--COST OF  
35 INCREASE IN WAGES AND BENEFITS FUNDED--FORMULA. (1) The department  
36 shall create a formula that converts the cost of the increase in wages  
37 and benefits negotiated and funded in the contract for individual

1 providers of home care services pursuant to RCW 74.39A.270 and  
2 74.39A.300, into a per-hour amount, excluding those benefits defined in  
3 subsection (2) of this section. That per-hour amount shall be added to  
4 the statewide home care agency vendor rate and shall be used  
5 exclusively for improving the wages and benefits of home care agency  
6 workers who provide direct care. The formula shall account for:

7 (a) All types of wages, benefits, and compensation negotiated and  
8 funded each biennium, including but not limited to:

9 (i) Regular wages;

10 (ii) Benefit pay, such as vacation, sick, and holiday pay;

11 (iii) Taxes on wages/benefit pay; (~~and~~)

12 (iv) Mileage; and

13 (v) Contributions to a training partnership; and

14 (b) The increase in the average cost of worker's compensation for  
15 home care agencies and application of the increases identified in (a)  
16 of this subsection to all hours required to be paid, including travel  
17 time, of direct service workers under the wage and hour laws and  
18 associated employer taxes.

19 (2) The contribution rate for health care benefits, including but  
20 not limited to medical, dental, and vision benefits, for eligible  
21 agency home care workers shall be paid by the department to home care  
22 agencies at the same rate as negotiated and funded in the collective  
23 bargaining agreement for individual providers of home care services.

24 **Sec. 9.** RCW 18.88A.085 and 1994 sp.s. c 9 s 712 are each amended  
25 to read as follows:

26 NURSING ASSISTANTS--CERTIFICATION REQUIREMENTS. (1) After January  
27 1, 1990, the secretary shall issue a certificate to any applicant who  
28 demonstrates to the secretary's satisfaction that the following  
29 requirements have been met:

30 (a) Completion of an approved training program or successful  
31 completion of alternate training meeting established criteria approved  
32 by the commission; and

33 (b) Successful completion of a competency evaluation.

34 (2) The secretary may permit all or a portion of the training hours  
35 earned under chapter 74.39A RCW to be applied toward certification  
36 under this section.

1       (3) In addition, applicants shall be subject to the grounds for  
2 denial of certification under chapter 18.130 RCW.

3       NEW SECTION.   **Sec. 10.**   REPEALER.   RCW 74.39A.190 (Community long-  
4 term care training and education steering committee) and 2002 c 233 s  
5 4 & 2000 c 121 s 8 are each repealed.

6       NEW SECTION.   **Sec. 11.**   LIBERAL CONSTRUCTION.   The provisions of  
7 this act are to be liberally construed to effectuate the intent,  
8 policies, and purposes of this act.

9       NEW SECTION.   **Sec. 12.**   SEVERABILITY.   If any provision of this act  
10 or its application to any person or circumstance is held invalid, the  
11 remainder of the act or the application of the provision to other  
12 persons or circumstances is not affected.

13       NEW SECTION.   **Sec. 13.**   EMERGENCY CLAUSE.   Section 1 of this act is  
14 necessary for the immediate preservation of the public peace, health,  
15 or safety, or support of the state government and its existing public  
16 institutions, and takes effect immediately.

17       NEW SECTION.   **Sec. 14.**   EFFECTIVE DATE.   Sections 7 and 8 of this  
18 act take effect March 1, 2008.

19       NEW SECTION.   **Sec. 15.**   CAPTIONS.   Captions used in this act are  
20 not any part of the law.

21       NEW SECTION.   **Sec. 16.**   SHORT TITLE.   This act may be known and  
22 cited as the establishing quality in long-term care services act.

--- END ---